

VALUES IN DIALOGUE

CONFLICT, ETHICS, AND SPIRITUALITY

5

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Values in Dialogue

Ethics in Care

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Acknowledgments

This book grew out of my achievements and experiences at the Faculty of Theology and Religious Studies at the Catholic University of Leuven and at the Brothers of Charity in Gent, Belgium. At the university my field of research, teaching and social service is care ethics and practical theology. At the Brothers of Charity, I coordinate ethics committees and give ethical advice and formation to the professionals. In both jobs, I focus on the care for people with a psychological problem or an intellectual disability.

Through the many conversations with the professionals and the students in the context of their work and formation, I learned to know the practice of care. Without them, this book is inconceivable. Through the confrontation of my insights and experiences as an ethicist and their insights and experiences as people of the practice, the ideas of this book emerged. “Du choc des idées, jaillit la lumière” (N. Boileau): from the clash of ideas springs forth light. In this sense, all the professionals and students are co-authors of this book. I am very grateful to them and I dedicate this book to them. From an ethical point of view I write how to provide good care, but they actually do it in everyday practice.

I also thank my colleagues at the Faculty of Theology and Religious Studies and at the Brothers of Charity for the enjoyable collaboration. Many thanks go to Ian Connerty who made the accurate translation from the Dutch book “*Waarden in dialoog*” (2009; 2014). I especially thank my wife Kristien for the free space she gives me, for her interest and encouragement. Finally I thank my children Lucas, Emilia and Helena as they remind me on their way that there is more in life than working and writing.

Introduction

This book is about ethics in care. Values in dialogue are central. With the word ‘care’ we primarily mean mental health care, care of persons with an intellectual disability and care of elderly persons. These three areas of care have an important characteristic in common. They each contain a large number of people who are particularly vulnerable as a result of a psychological problem, an intellectual disability or a high level of dependence on others. They are not only vulnerable in the society and in the care sector, but also in the field of ethics. The dominant ethical models are less applicable to them, since these models are largely based on the principle of autonomy and the mental competence to make autonomous choices. In this book we wish to focus attention on those persons who are less able to fend for themselves.

Relational vision of ethics

The book is written from the perspective of a fundamental premise: the need for a consistent and radical application of a relational vision in ethics. Thinking in terms of relationships is self-evident, something we all do every day. However, this thinking usually takes individuals as its starting point, autonomous people who relate to each other from within the framework of their own individuality. In relational thinking the relationship is central and acts as a link between the individuals. At first glance, this might appear to be the same thing, but a closer and deeper analysis will show that there is a huge difference. This will be explored in the first two chapters which deal with ethics, the care relationship and relational personalism. The broad vision applied to the care relationship largely determines the ethical options. We are in favour of a relational vision of the care relationship, which channels the ethical thinking in the direction of a relational ethic. In this sense, we follow a broad movement which already exists in care ethics. We base this relational ethics on the tradition of personalism. However, we wish to radicalize this personalism, so that it becomes ‘relational personalism’. This basic proposition will influence all the other ideas in the book.

Overview of the content

The book is built up in eight chapters. The first four chapters are fundamental and lead to a synthesis. The first chapter lays the basis for an ethic in the care relationship and the second chapter grounds this approach in relational personalism. This ethic is developed in the third chapter on the basis of three main pillars, namely, values, dialogue and attitudes. These three pillars are closely linked to each other: professionals evaluate values in dialogue inspired by their attitudes. This immediately clarifies the title of the book. The values are discussed in the dialogue and simultaneously enter into dialogue with each other. And this happens within an inspiring framework of attitudes. In the fourth chapter these three elements are all brought together to create a synthesis of ethical theory, which at the same time offers a practical model for ethical reflection.

The practical model forms the basis for the applications which will be examined in the final four chapters. The idea of collaboration as a relational act is a central idea in these chapters. Care has certainly to deal with conflicts between people, but it is essentially a collaborative activity, involving close co-operation between all those involved, professionals as well as clients and their significant others. The analysis of this idea begins in chapter five with an examination of the collaboration between professionals in a team or network. This process is inevitably subjected to the limitations set by human failures. In chapter six we will broaden this examination to look at the collaboration between the clients, their significant others and the professionals, and we will again be pleading for a dialogue. But this collaboration also has its limits, which will be discussed in a seventh chapter about conflicts in the sense of the restriction of freedom and the possible need for coercion. In chapter eight we set out the essential condition for every form of collaboration in the care sector, namely the exchange of information and respect for confidentiality.

Christian inspiration

The radical relational thinking which we propose has, in our opinion, a further consequence. It ensures that this ethic is a Christian-inspired ethic. On the one hand, we wish to address this book to all professionals, irrespective of their personal philosophical or religious convictions or spirituality. We live in a plural world and we do not refer to Christian

standpoints, nor do we use overtly Christian language. On the other hand, we develop our arguments from the perspective of our Christian background and beliefs. For us, relational personalism is a non-religious expression of this Christian vision. Christian believers have no option but to think in relational terms. But Christians have no monopoly over this kind of thinking. Those with other philosophical views are also capable of relational thought.

Nevertheless, it is indisputable that relational thinking is deeply anchored at the heart of the Christian spirituality. Christianity is unique because of the way it views God in relational terms. The Christian God is revealed as Father, Son and Spirit, who are in relation to one another. God is relation and created human beings in His image and likeness. Moreover, through the creation God binds all creatures in relationship to each other. In particular, this means that God has made all people brothers and sisters of each other. As a result, relational thinking is closely interwoven with the uniqueness and the identity of Christian faith and spirituality. And without the need to speak further about God in this book, the conclusion is inescapable that the relational personalist ethic is permeated with the tenets of Christian ethics. Other options in the book are also Christian-inspired. The choice and underpinning of the values and attitudes are inspired by Christian ideas. The ethical methodology and the principle of proportionality are elements drawn from the tradition of Christian ethics.

Other options

However, the book also takes account of the increase in juridical thinking. People are becoming more and more juridical in their approach to many aspects of the society, and this trend is also making itself felt in the care sector. We have noted that professionals are becoming increasingly concerned to carry out their care activities in accordance with the relevant judicial provisions. In ethics, we cannot ignore this development. Nevertheless, this remains essentially a book about ethics. It is impossible for us to refer to the national legislation of different countries without turning it into a book about jurisprudence, and this is not our purpose. For this reason, we will confine our dealing with international legislation to some references to the *Convention of Human Rights and Biomedicine*, which was promulgated by the Council of Europe in 1997. Most European and some non-European countries have subscribed to this convention and many have used it as a basis for their own national legislation.

In the course of the book we regularly refer to a case study. This has the advantage of narrowing the gap between theory and practice, but there is also a potential disadvantage. The detailed discussion of a case study may tempt readers to use this study as a model for dealing with similar situations with which they are confronted. However, every case is different and needs to be approached differently. There is no 'one-size-fits-all' solution. For this reason, we have not pursued the case study through to an ultimate conclusion. Another disadvantage is the fact that a case study can only deal with one particular aspect of the care sector: mental health care, care of persons with an intellectual disability or care of elderly persons. Yet it is our intention to develop an ethical vision which is so fundamental and all-embracing that it transcends these artificial boundaries. For this reason, we have interpreted the case study in a manner which allows it to be applied to all three care areas.

Process of reflection

At times, this book might seem to be postulatory. In this respect, it is indeed a coherent synthesis which is consistently developed from a fundamental vision towards practical insights. But this synthesis conceals a complex development process. The individual chapters are the results of the re-writing of ethical advices, courses and earlier publications. And these advices, courses and publications were themselves the result of a study of the professional literature and dialogue with many different professionals and students. It is not possible to allow the reader to follow in full the long and winding road which finally resulted in the synthesis.

Nevertheless we may give the reader a certain insight into the process of development of ideas. In the chapters five to eight, we integrated the ethical advices, written in Dutch and given by the Ethics Committee for Mental Health Care at the Brothers of Charity in Flanders, the Dutch-speaking part of Belgium (<http://www.fracarita.org/identiteit/visie>). Although this Ethics Committee has a local authority, it has expert knowledge in the particular field of mental health care and its advices might have a broader interest. The Ethics Committee is composed of twenty-five experienced professionals, representing the various professional groups within mental health care and the thirteen facilities of the network. The members opt for a methodological approach that combines ethical discussion with the study of literature: the moral intuitions and practices of the participants are mutually confronted with insights provided by a number of scientific publications. In the first instance, the moral intuitions and

practices of the members are shared within the group and inventoried. In the second step, the intuitions and practices are clarified and critically evaluated by comparing and contrasting them with one another and with the insights found in the literature. Consequently, we put together a draft advice. In a fourth step, the committee discusses the draft advice and introduces a number of emendations. In the fifth step, the new draft advice is presented to professionals working in the field, and their remarks and observations are integrated in the text. To conclude, the draft advice is discussed and emended until the committee members are able to reach consensus. The entire process takes place within a forum that is open and free, thus allowing each participant to speak his or her mind without any form of pressure based on authority or function. The description of this methodology gives a limited picture of the process which allowed us to formulate the ideas of this book.

Terminology

Finally, there is a question of terminology. There is no perfect terminology that can be used in the three sectors of mental health care, care of persons with an intellectual disability and care of elderly persons. Some terms are more appropriate than others, depending on the context. We have opted to use 'professional' and 'client' for the two partners in the care relationship, knowing that the roles may be interchangeable in different circumstances. 'Client' seems to us to be the most comprehensive and useful term for the person who receives care, despite the fact that it might have a connotation of the profit sector. Other terms, such as 'patient', 'resident' or 'user' are too closely linked to particular areas of care. 'Professional' seems to be the most appropriate term for the person who provides care. This term makes a clear distinction with the 'significant others', who also may provide care to the client, but who are not professionals. The concept is much broader than 'family' and reflects better the realities of the social network. We have used 'professionals' wherever possible in the plural, to emphasize their collaboration in a team or a professional network. Conversely, we have used 'client' wherever possible in the singular, to underline the need for an individual approach. We have also tried to use inclusive language, so that neither women nor men need feel excluded. We have a similar preference for the 'we' form, to include the reader in the development of our train of thought and also to make clear that the resulting ideas are not simply my own, but have grown from a process of dialogue with others.

